



*my***SHBP**.ga.gov

# *SHBP*

***HEALTH BENEFITS AT YOUR FINGERTIPS***

***WEB PORTAL USER GUIDE  
OPEN ENROLLMENT - ACTIVE MEMBER***

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## OVERVIEW

The State Health Benefit Plan (SHBP) has developed the SHBP Web Portal to give 'at your fingertips' access to health insurance coverage and health information for state employees, school system employees, retirees and their dependents.

Using the SHBP Web Portal you may:

- Make your health election during the Annual Open Enrollment Period
- Learn about each Plan Option
- Locate a doctor and price a prescription drug using the active links for CIGNA and UnitedHealthcare (UHC)
- Access on-line coaching using the active links for CIGNA and UHC

This SHBP Web Portal User Guide will assist you in successfully completing the available functions.

## REGISTER

All first time users of the SHBP Web Portal are required to Register. Follow the below directions to Register on the SHBP Web Portal:

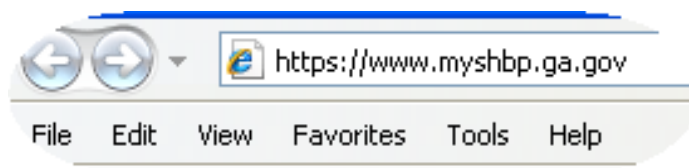
- **Double click the Internet Explorer Icon** (*Figure 1*)



*Figure 1 - Internet Explorer Icon*

The **Internet Browser Home screen** will display.

- **Enter** <https://www.myshbp.ga.gov> in the **address field** of the Internet Browser screen (*Figure 2*)
- **Press the Enter** key



*Figure 2 - Internet Browser Address Field*

The **mySHBP Web Portal Welcome Page** will display (Figure 3).



Figure 3 - mySHBP Web Portal Welcome Page

- Click the **REGISTER** button next to 'First time users click here' (Figure 4)

First time users click here: [REGISTER](#)  
Returning Users click here: [LOGIN](#)

Figure 4 - First Time Users Register Button

The **Enter Registration Information** screen will display (Figure 5).

Figure 5 - Enter Registration Information Screen

- **Enter your Policy Number** (same as SSN with no dashes)
- **Enter your Date of Birth** (mm/dd/yyyy)
- **Create and enter your Password** (case-sensitive). Password should be between 8 and 20 characters and have at least 3 of the following types of characters:
  - Uppercase Letter
  - Lowercase Letter
  - Number
  - Special Character (!, @, #, etc.)
- **Re-enter your newly created Password** (case-sensitive) for confirmation
- **Select a Security Question** from the dropdown list
- **Enter your answer to the Security Question** (not case-sensitive)
- **Click the REGISTER** button

**Note:**

**All fields indicated with \* are required.**

When a policy number has already been registered, a message will display above the top navigation bar stating, *'The policy number you entered is already registered. Please click the login tab to continue'* (Figure 5a).

- **Click the LOGIN** button to complete the login process and continue to the next page

Please do not use your browser's "BACK" button.

The policy number you entered is already registered. Please click the LOGIN tab to continue.

Open Enrollment will start on October 9, 2012.

WELCOME LOGIN REGISTER

Enter Registration Information	Instructions
*Policy Number (SSN with no dashes)	All fields indicated with * are required. Password is case-sensitive.  1. Enter your Policy Number (same as SSN with no dashes). 2. Enter your Date of Birth (mm/dd/yyyy). 3. Create and enter your Password. New Password should be between 8 and 20 characters and have at least 3 of the following types of characters: - Uppercase Letter - Lowercase Letter - Number - Special Character
*Date of Birth (mm/dd/yyyy)	
*Password	
*Confirm Password	
*Security Question	
*Security answer	
REGISTER	

Figure 5a - Enter Registration Information Screen

The **Public Home Page** will display (*Figure 6*).



*Figure 6 - Public Home Page*

Your Registration is now complete and information has been saved. You may now select one of the tabs on the left navigation bar (*Figure 6*).

**Note:**

***The Logout tab is located on the left navigation bar and may be used to logout of the Web Portal when it is displayed on various Web Portal screens.***



## LOGIN

After accessing the **mySHBP Web Portal Welcome Page**, follow the below directions to Login as a **Returning User** on the SHBP Web Portal:

- Click the **LOGIN** button next to 'Returning Users click here' (Figure 7)

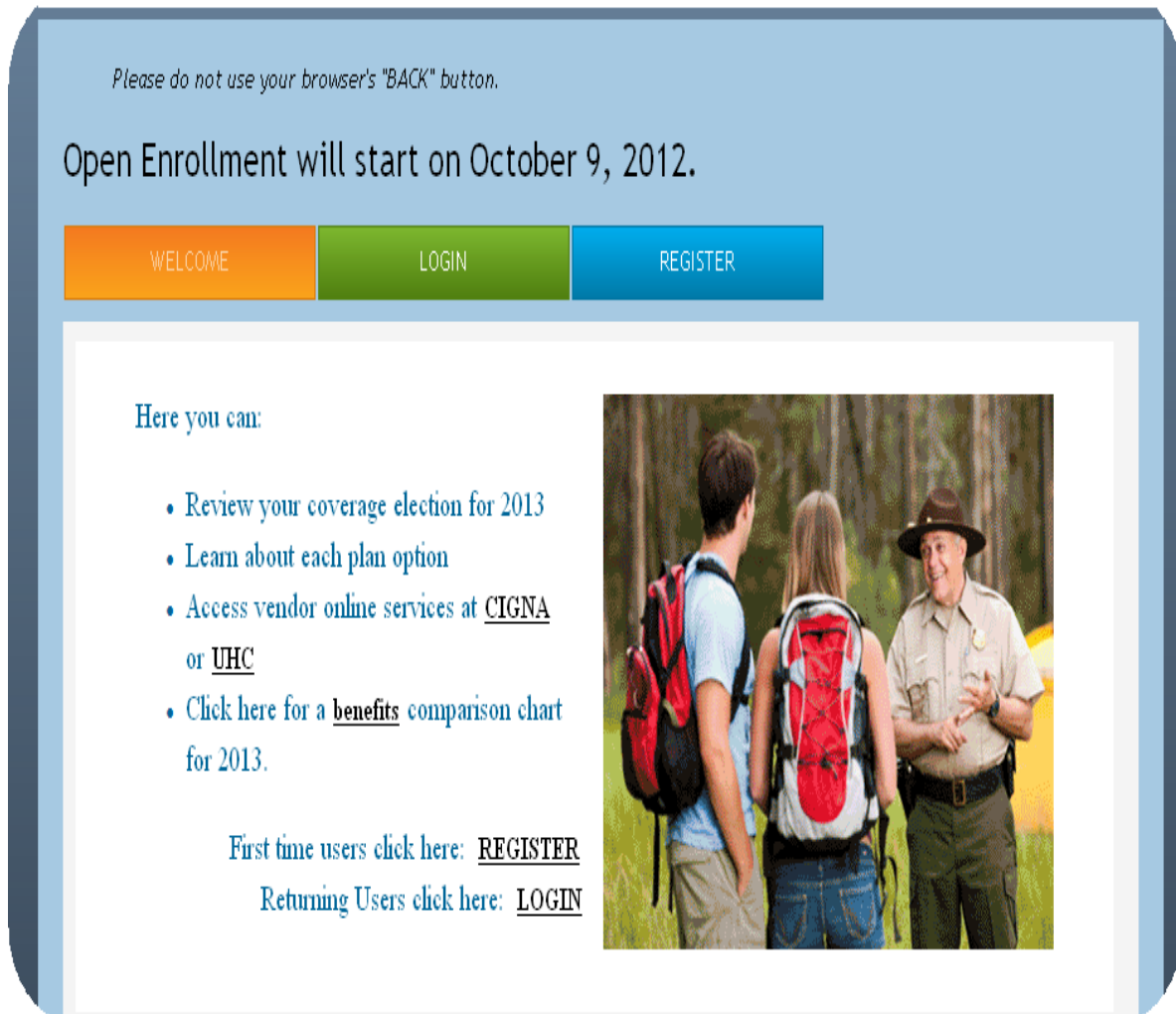


Figure 7 - mySHBP Web Portal Welcome Page

The **Enter Login Information** screen will display (Figure 8).

Figure 8 - Enter Login Information Screen

- **Enter your Policy Number** (same as SSN with no dashes)
- **Enter your Password**
- **Click the LOGIN** button

**Note:**

**All fields indicated with \* are required.**

The **Public Home Page** will display (Figure 9). Your Login is now complete.



Figure 9 - Public Home Page

## FORGOT PASSWORD

After accessing the **Enter Login Information** screen from the mySHBP Web Portal Welcome Page and you **don't remember your Password**, follow the below directions to change your Password:

- Click the **FORGOT PASSWORD** button (*Figure 10*)

*Figure 10 - Enter Login Information Screen*

The **Forgot Password** screen will display (Figure 11).

- Enter your **Policy Number** (same as SSN with no dashes)
- Click the **CONTINUE** button

ABOUT US   FAQ   DECISION GUIDES   ADD'L INFORMATION   CONTACT US   ONLINE HELP

**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

**Forgot Password**

\*Policy Number

**CONTINUE**   **CANCEL**

**Instructions**

All fields indicated with \* are required.

1. Enter your Policy Number. Policy number is your SSN without the dashes
2. Click "CONTINUE" button to proceed; or click the "CANCEL" button to return to Login page with no change in password.

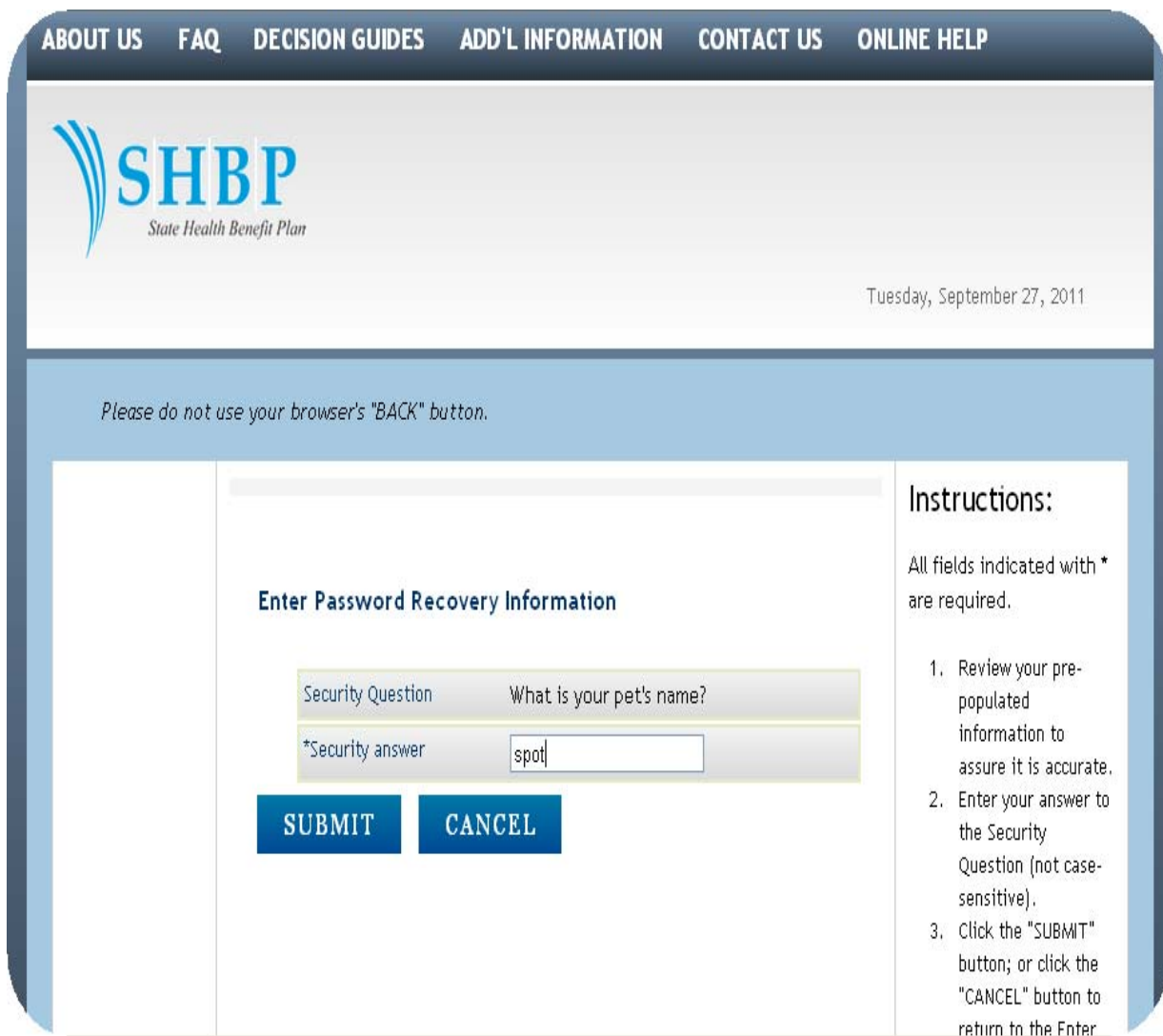
Figure 11 - Forgot Password Screen

**Note:**

**Click the *CANCEL* button will redisplay the Enter Login Information screen with no change in Password.**

The **Enter Password Recovery Information** screen will display. Your previously selected Security Question will pre-populate (*Figure 12*).

- Enter your **Security Answer** (not case sensitive)
- Click the **SUBMIT** button



*Figure 12 - Enter Password Recovery Information Screen*

**Note:**

**Clicking the CANCEL button will stop the Password Recovery Process and redisplay the Enter Login Information screen with no change in Password.**

The **Enter New Password** screen will display (Figure 13).

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

**Enter New Password**

Enter a new Password.

\*New Password

\*Confirm New Password

**CHANGE PASSWORD**   **CANCEL**

**Instructions:**

All fields indicated with \* are required.

1. Create and enter your New Password. New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:  
Uppercase letter  
Lowercase letter  
Number  
Special Character

Figure 13 - Enter Password Screen

- **Create and enter your New Password** (case-sensitive). New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:
  - Uppercase Letter
  - Lowercase Letter
  - Number
  - Special Character (!, @, #, etc.)
- **Re-enter your newly created Password** (case-sensitive) for confirmation
- **Click the CHANGE PASSWORD** button

**Note:**

**All fields indicated with \* are required.**

The **mySHBP Web Portal Welcome Page** will redisplay (Figure 14). A message will display above the top navigation bar stating, *'Password successfully changed. Please log in.'*



Figure 14 - mySHBP Web Portal Welcome Page (Password Message)

Your Password Change is now complete. You may now use your newly created Password to Login through the mySHBP Web Portal Welcome Page.



## SITE NAVIGATION

The **header bar** is located at the very top of the screen (*Figure 15*) and provides active links and information regarding SHBP (i.e. Decision Guides, User Guides, Contact Information, FAQ's, etc.).

The **left navigation bar** will display on each screen beginning with the Public Home Page (*Figure 15*). The four tabs on the left navigation bar may be selected to:

- Complete **Open Enrollment** Elections
- **Modify Login** (change your Password and Security Question/Answer)
- **Print the Confirmation** for your Open Enrollment Elections
- **Logout** of the Web Site.



*Figure 15 - Header Bar and Left Navigation Bar*

The **top navigation bar** (above the screen name) will display just above the screen name during and after each Open Enrollment action (*Figure 15a*). Your current Open Enrollment action will display as the last tab on the bar with black lettering; all complete Open Enrollment actions will display with white lettered tabs, in order of completion.

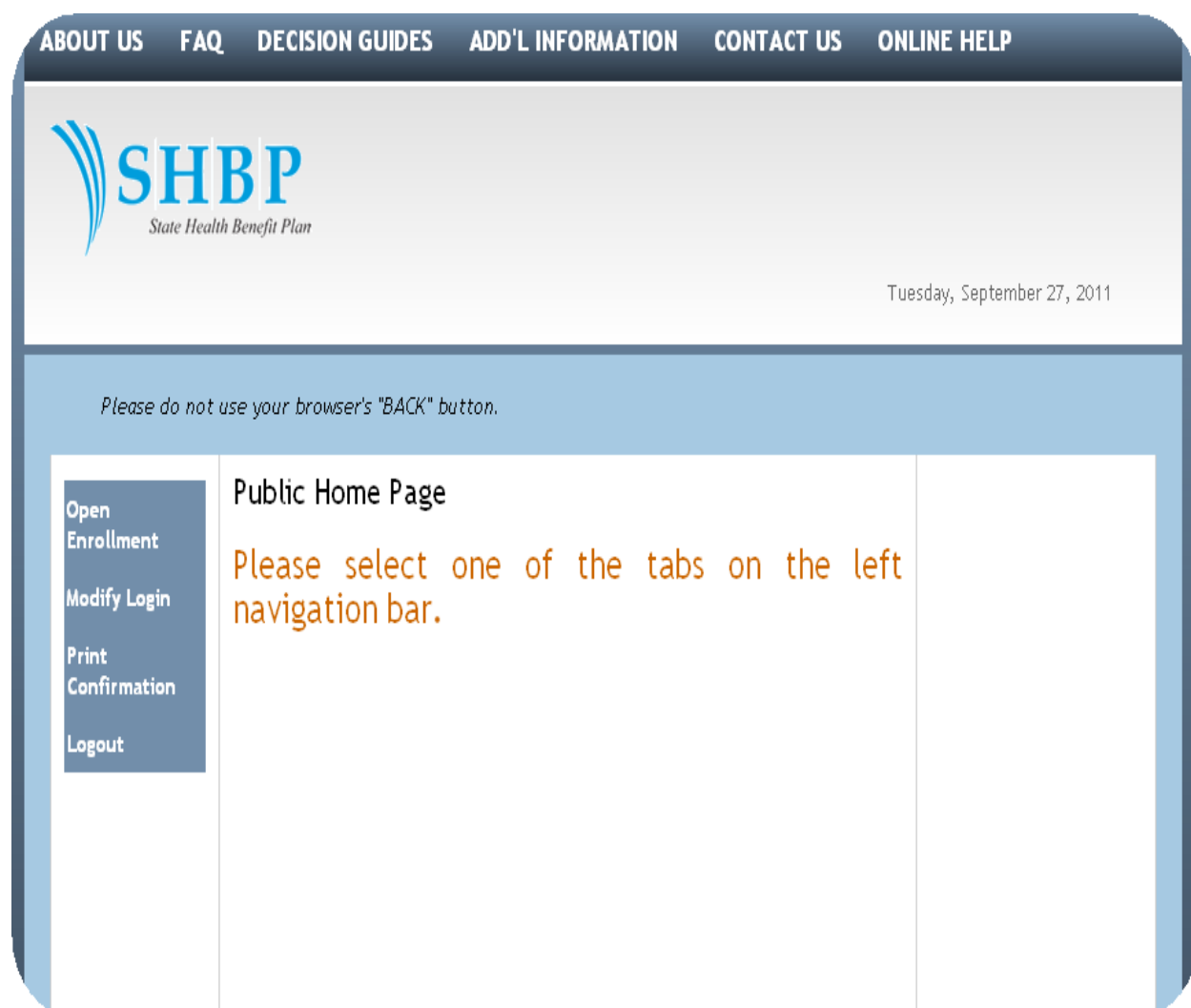
**You may go back to a Complete Open Enrollment Action for correction by clicking on the tab for that action. Never use your browser's "BACK" button.**

The screenshot displays the SHBP State Health Benefit Plan web portal. At the top, a dark blue navigation bar contains links: ABOUT US, FAQ, DECISION GUIDES, ADD'L INFORMATION, CONTACT US, and ONLINE HELP. Below this is the SHBP logo and the text 'State Health Benefit Plan'. The date 'Wednesday, September 28, 2011' is shown on the right. A light blue banner below the header contains the text: 'Please do not use your browser's "BACK" button.' The main content area is divided into three sections. On the left is a vertical menu with links: Open Enrollment, Modify Login, Print Confirmation, and Logout. In the center is the 'Verify Selections' page, which features a row of eight tabs: CONTACT INFORMATION, TIER SELECTION, DEPENDENTS, TOBACCO SURCHARGE, SPOUSAL SURCHARGE, OPTION SELECTION, MEDICAL UNDERWRITING, and VERIFY SELECTIONS. The 'VERIFY SELECTIONS' tab is active and highlighted. Below the tabs is a form with the following fields: Policy Number: \*\*\*\*\*4444, Name: VALUED EMPLOYEE, Payroll Location: 14030 (SUPREME COURT), Coverage Effective Date: 01/01/2012, and Coverage Tier: You + Family. On the right side of the main content area is an 'Instructions:' section with three numbered steps: 1. Review all of your information and health coverage selections. 2. To edit your information and health selection(s), select the appropriate tab on the top of the page. 3. Make any necessary changes; then navigate to the

*Figure15a - Top Navigation Bar*

## OPEN ENROLLMENT

After completing the Login or Registration function, the **Public Home Page** screen will display (*Figure 16*).



*Figure 16 - Public Home Page Screen*

The Open Enrollment Tab is located on the left navigation bar of the **Public Home Page screen** (Figure 17).

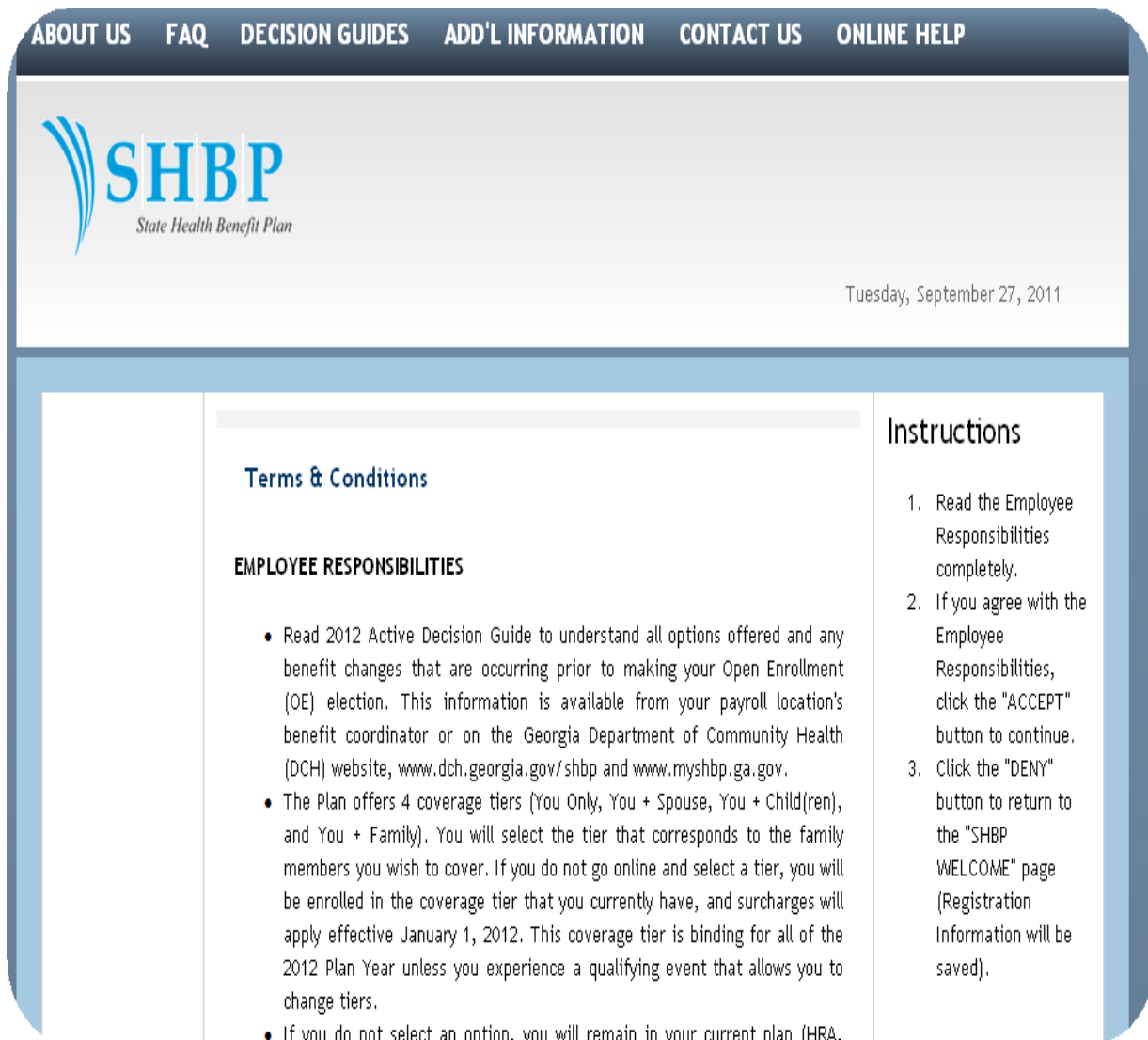
- Click the **Open Enrollment** tab on the left navigation bar



Figure 17 - Navigation Bar /Public Home Page Screen

## Terms and Conditions

The **Terms and Conditions** screen will display (*Figure 18*).



*Figure 18 - Terms and Conditions Screen*

- Read the Employees Responsibilities completely. If you agree with the Employee Responsibilities, **click the ACCEPT button** located at the bottom of the screen (*Figure 18a*) to continue enrollment

subject me to penalties and possible legal action. If I have added dependent(s), I understand that I must submit verification documentation. I understand that misrepresentation or falsification can result in coverage termination retroactively to the dependent's effective date and/or legal action to recover all payments made on behalf of ineligible dependents.

I understand that my ability to make changes in Plan coverage option and tier must comply with the Internal Revenue Code, Section 125, which mandates requirements for cafeteria programs offering pre-tax premiums. Unless I experience a qualifying event and file a change request by the deadline (in most cases, within 31 days of the event), my health coverage election and monthly premium will continue for the Plan Year of January 1, 2012 through December 31, 2012.

I do hereby attest that the information I provide is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1,000 or imprisonment for not less than one and not more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department of Community Health pursuant to O.C.G.A. Section 16-10-20.

**ACCEPT** **DENY**

LINKS

[Georgia.gov](#) [Privacy](#) [Important Notices](#) [Accessibility](#) [Contact Georgia.gov](#)

*Figure 18a - Terms and Conditions Screen*

**Note:**

**If you do not agree with the Employee Responsibilities, click the DENY button to return to the mySHBP Web Portal Welcome Page (Registration Information will be saved).**

## Contact Information

The **Contact Information** screen will display (Figure 19).

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION**

### Contact Information

Please verify that the address shown below is accurate and complete as all correspondence including your health ID card will be mailed to this address.

State Health Benefit Plan is now requiring information on race/ethnicity for members and covered spouses. This information will be used for treatment, health promotion, and other health care operations and is protected health information. This information will not be used for any other purpose

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 01/01/2012

*Address	820 STATE STREET
Address (P.O. Box, Apt, etc)	
*City	ATLANTA
*State	GEORGIA
*Zip Code	30303

**Instructions:**

All fields indicated with \* are required.

1. Review the pre-populated information to assure it is accurate.
2. Make any necessary corrections to the Member's Contact Information.
3. Select the Check Box to verify the above address is accurate and complete.
4. Click the CONTINUE button to go to the next page.

Figure 19 - Contact Information Screen

- Review your pre-populated Contact Information to assure it is accurate
- **Enter your Address and City** of residency
- **Select your State** of residency from the dropdown list
- **Enter your Zip Code**

- **Enter** your **Daytime Phone Number** (10 digits only)
- **Enter** your **Email Address** (Figure 19a)
- **Select** a **Primary Language** by clicking on the ENGLISH or OTHER radial button
- If **OTHER** has been selected as the Primary Language, please **enter** the name of the **Primary Language**
- **Select** your **Ethnicity** from the dropdown list
- **Select** the **Check Box** to verify the above address is accurate and complete
- **Click** the **CONTINUE** button (Figure 20-a)

State	GEORGIA
*Zip Code	30303
Phone Number (10 digits only)	6785551234
If you would prefer to receive SHBP communications via email instead of paper, please provide your email address in the space below.	
Email Address	employee@yahoo.com
*Primary Language	<input checked="" type="radio"/> ENGLISH <input type="radio"/> OTHER
If OTHER, Please Specify	
Ethnicity	Asian
<input checked="" type="checkbox"/> I have verified that the above address is accurate and complete.	
<b>CONTINUE</b>	

LINKS

[Georgia.gov](#)
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Figure 19a - Contact Information Screen

**Note:**  
**All fields indicated with \* are required.**



## Tier Selection

The **Tier Selection** screen will display (*Figure 20*).

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION** **TIER SELECTION**

### Tier Selection

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 01/01/2012

For the Plan Year , your current tier is **No Coverage**

**Tier Election 2012**

Please select appropriate tier below based upon the dependents you plan to cover for 01/01/2012

☐ You Only  
☐ You + Spouse  
☐ You + Child(ren)  
☒ You + Family  
☐ No Coverage

**CONTINUE**

**Instructions:**

1. Select the appropriate tier based upon the dependents you plan to cover.
2. Click the "CONTINUE" button to go to the next page.

*Figure 20 - Tier Selection Screen*

- Review your pre-populated information to assure it is accurate
- **Select** the appropriate **Tier** from the list according to the dependent(s) that you plan to cover
- **Click** the **CONTINUE** button

## Dependents

If dependent coverage was selected, the **Dependents** screen will display (Figure 21) with pre-populated information.

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION** **TIER SELECTION** **DEPENDENTS**

### DEPENDENTS

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
EXISTING DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
NEW DEPENDENTS					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

#### Instructions:

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 21 - Dependents Screen

## To Add Dependent(s):

- Click the **ADD DEPENDENT** button (Figure 22)

**DEPENDENTS**

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT )  
Policy Number: \*\*\*\*\*4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
<b>EXISTING DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<a href="#">Edit</a>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
<b>NEW DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<a href="#">Edit</a> <a href="#">Delete</a>

[CONTINUE](#) [ADD DEPENDENT](#)

**Instructions:**

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 22 - Dependents Screen

### **Note:**

***If Existing Dependents are shown, review each existing dependent's information. Select "Yes" for each Existing Dependent with correct information that you wish to cover; or "No" for each Existing Dependent that you do not wish to cover.***

The **Add New Dependent** screen will display (*Figure 23*).

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION** **TIER SELECTION** **DEPENDENTS**

### Add New Dependent

Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSN's are required to comply with this law.

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT)  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 1/1/12

\*Dependent Last Name   
 \*Dependent First Name   
 Dependent Mid Initial   
 Dependent Suffix   
 \*Dependent Relation   
 \*Dependent Sex   
 Dependent Ethnicity --Select One--   
 \*Dependent DOB (mm/dd/yyyy)   
 Dependent SSN (SSN with no dashes)

**UPDATE** **CANCEL**

**Instructions:**

All fields indicated with \* are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Enter the Dependent Information (dependent last name, dependent first name, and dependent middle initial, dependent suffix).
2. Select the Dependent Relation from the dropdown list (dependent verification documentation will be required).
3. Select the Dependent Sex from the dropdown list.
4. Enter the Dependent Date of Birth (mm/dd/yyyy).
5. Enter the Dependent SSN (SSN with no dashes).
6. Click the "UPDATE" button to add the dependent to your coverage; you will return to the "DEPENDENTS" page.

Figure 23 - Add New Dependent Screen

- Review your pre-populated information to assure it is accurate
- **Enter the Dependent Information (dependent last name, dependent first name, dependent middle initial, and dependent suffix)**
- **Select the Dependent Relation** from the dropdown list (*Figure 23*)
- The Natural or Adopted Child pop-up window will display (Natural or Adopted Child used in this example; related verification documentation requirements will display per selection) explaining the required dependent verification documentation (*Figure 56a*). Review the information displayed in the pop-up window explaining the required dependent verification documentation; **Click the OK button** (*Figure 23a*)

**Note:**

**All fields indicated with \* are required. Click the CANCEL button if the dependent is not to be added to your coverage and the DEPENDENTS page will redisplay.**

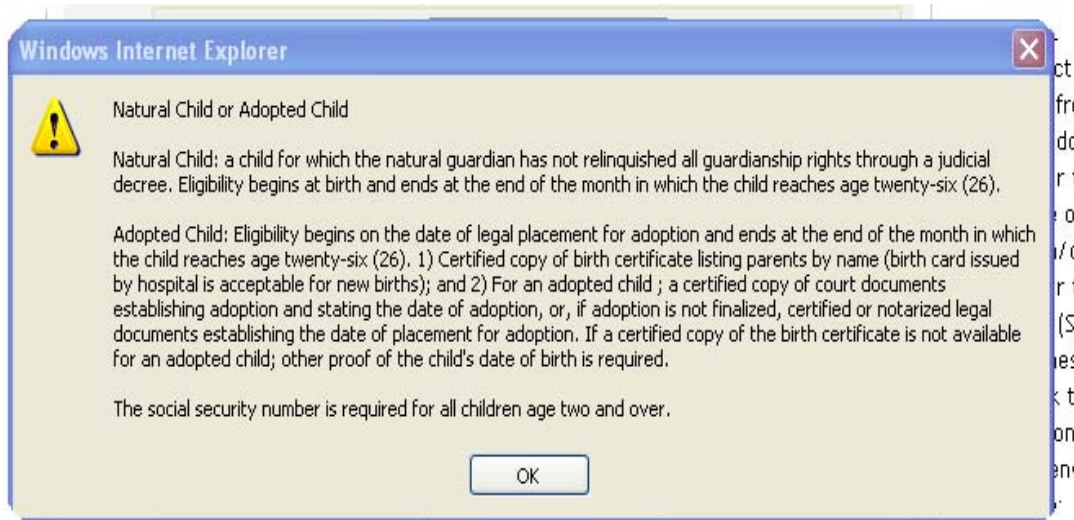


Figure 23a – Natural Child or Adopted Child Pop-up Window

- **Select the Dependent Sex** from the dropdown list
- **Select the Dependent Ethnicity** from the dropdown list
- **Enter the Dependent Date of Birth** (mm/dd/yyyy)
- **Enter the Dependent SSN** (SSN with no dashes)
- **Click the UPDATE** button to add the dependent to your coverage
- The PeachCare for Kids pop-up window will display when the added dependent may be eligible for PeachCare for Kids; review the information displayed in the pop-up window; **Click the OK** button (Figure 23b)

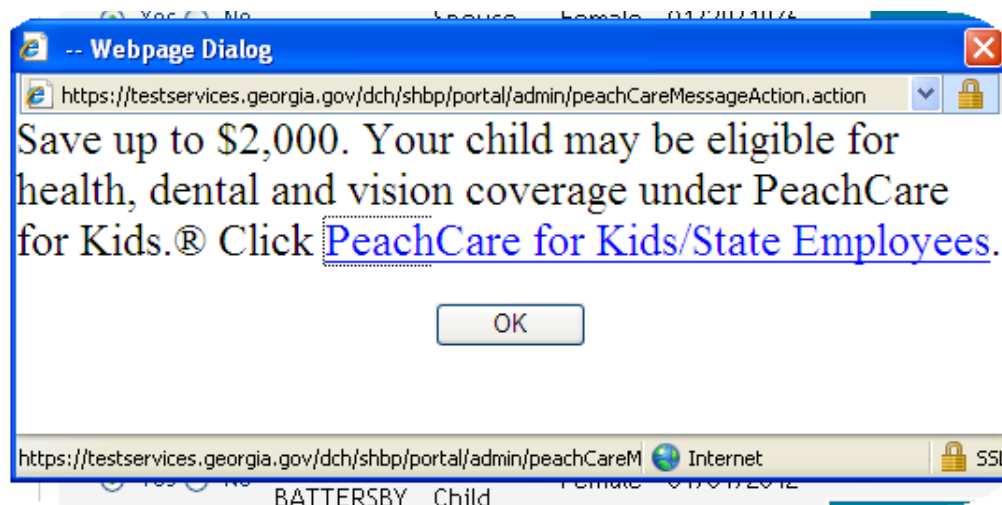


Figure 23b - PeachCare for Kids Pop-up Window

The **Dependents screen** will redisplay with all previously added dependents listed, indicating “Yes” in the Cover Dependent field (*Figure 24*).

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION** **TIER SELECTION** **DEPENDENTS**

## DEPENDENTS

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
<b>EXISTING DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
<b>NEW DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHANE EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**Instructions:**

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 24 - Dependents Screen

## To Edit Dependent Information:

The Edit button is displayed only for the spouse (if applicable) or newly added dependents. To edit spouse or new dependent information:

- Click the **Edit** button (*Figure 25*) on the row of the dependent information you wish to edit

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**DEPENDENTS**

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT )  
Policy Number: \*\*\*\*\*4444

Cover	Dependent	Name	Relation	Sex	DOB	Edit/Delete
<b>EXISTING DEPENDENTS</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No		MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<b>Edit</b>
<input checked="" type="radio"/> Yes <input type="radio"/> No		LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
<b>NEW DEPENDENTS</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No		SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<b>Edit</b> <b>Delete</b>
<input checked="" type="radio"/> Yes <input type="radio"/> No		SHANE EMPLOYEE	Natural Child	Male	10/01/1999	<b>Edit</b> <b>Delete</b>

**CONTINUE** **ADD DEPENDENT**

**Instructions:**

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 25 - Dependents Screen

The **Edit Dependent Information** screen will display (Figure 26) with pre-populated dependent information fields.

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION** **TIER SELECTION** **DEPENDENTS**

### Edit Dependent Information

Medicare Secondary Payer reporting laws which were effective January 1, 2009, require that insurance carriers collect Social Security Numbers for all covered members and their dependents. The requested SSN's are required to comply with this law.

**Name: VALUED EMPLOYEE**  
**Payroll Location: 14030 (SUPREME COURT)**  
**Policy Number: \*\*\*\*\*4444**  
**Coverage Effective Date: 1/1/12**

*Dependent Last Name	EMPLOYEE
*Dependent First Name	SHANE
Dependent Mid Initial	
Dependent Suffix	
*Dependent Relation	Natural Child or Adopted Child
*Dependent Sex	Male
Dependent Ethnicity	Asian
*Dependent DOB (mm/dd/yyyy)	10/01/1999
Dependent SSN (SSN with no dashes)	255555554

**UPDATE** **CANCEL**

**Instructions:**

All fields indicated with \* are required. Enter all information for new dependents; change only the incorrect information when editing an existing dependent.

1. Review the dependent information.
2. Make any necessary corrections to the dependent information.
3. Click the "UPDATE" button to accept changes; you will return to the "DEPENDENTS" page.
4. Click the "CANCEL" button to return to the "DEPENDENTS" page without making changes to the dependent information.

Figure 26 - Edit Dependent Information Screen

- Review the dependent information
- Make any necessary corrections to the dependent information
- **Click the UPDATE button to accept changes**

**Note:**

**All fields indicated with \* are required. Click the CANCEL button to return to the DEPENDENTS page without making changes to the dependent information.**



The edits will be saved and the **Dependents** screen will redisplay (Figure 27).

**DEPENDENTS**

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT )  
Policy Number: \*\*\*\*\*4444

Cover	Dependent	Name	Relation	Sex	DOB	Edit/Delete
<b>EXISTING DEPENDENTS</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>	
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011		
<b>NEW DEPENDENTS</b>						
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHANE EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	

**Instructions:**

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 27 - Dependents Screen

**Note:**

You may only edit the Dependent Ethnicity on existing dependents. To edit existing dependent information (other than Dependent Ethnicity):

- Click the NO button for that existing dependent (removing that existing dependent from coverage)
- Click the ADD DEPENDENT button and re-enter the existing dependent as a new dependent with correct dependent information

## To Delete Dependent(s) Information:

- Click the **Delete** button (Figure 28) on the row of the dependent information you wish to delete

**DEPENDENTS**

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT)  
Policy Number: \*\*\*\*\*4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
<b>EXISTING DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
<b>NEW DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHANE EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**Instructions:**

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.
6. Click the "EDIT"

Figure 28 - Dependents Screen

The **Dependents** screen will redisplay and the previously selected dependent for deletion will no longer be listed (*Figure 29*).

- Click the **CONTINUE** button to move to the next screen

Open Enrollment

Modify Login

Print Confirmation

Logout

CONTACT INFORMATION   TIER SELECTION   **DEPENDENTS**

## DEPENDENTS

**Name:** VALUED EMPLOYEE

**Payroll Location:** 14030 (SUPREME COURT )

**Policy Number:** \*\*\*\*\*4444

Cover Dependent	Name	Relation	Sex	DOB	Edit/Delete
<b>EXISTING DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	MICHAEL EMPLOYEE	Spouse	Male	08/31/1985	<input type="button" value="Edit"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	LILLIAN EMPLOYEE	Natural Child	Female	02/20/2011	
<b>NEW DEPENDENTS</b>					
<input checked="" type="radio"/> Yes <input type="radio"/> No	SHAWN EMPLOYEE	Natural Child	Male	10/01/1999	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

**Instructions:**

1. Review your pre-populated information to assure it is accurate (including Coverage Tier).
2. If "Existing Dependents" are shown, review each existing dependent's information.
3. Select "Yes" for each Existing Dependent with correct information that you wish to cover.
4. Select "No" for each Existing Dependent that you do not wish to cover.
5. Click the "ADD DEPENDENT" button to add dependent that you want to cover as of the Coverage Effective Date.

Figure 29 - Dependents Screen

## Tobacco Surcharge

The Tobacco Surcharge screen will display (Figure 30).

- Select the **appropriate answer** to the Tobacco Surcharge question
- Click the **CONTINUE** button (Figure 30)

SHBP Staff >> Logout

### Tobacco Surcharge

The tobacco surcharge does not apply when the TRICARE Supplement option is selected for members eligible for TRICARE. The tobacco surcharge question must be answered to continue to the Option Selection page. However, no tobacco surcharge will be applied to the premium for TRICARE Supplement members.

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT)  
Policy Number: \*\*\*\*\*4444  
Coverage Effective Date: 01/01/2012

Please note that your answer to the tobacco surcharge question is subject to audit. Please refer to the information at the bottom of this page for consequences of providing a false or fraudulent answer.

1. Have you or any of your covered dependents used tobacco products in the last 60 days? ☐ Yes ☐ No

You are required to pay the tobacco surcharge for all months in which you or any of your enrolled family members use tobacco. Therefore, it is your responsibility to notify SHBP immediately if your answer to the tobacco surcharge question changes during the year. If you received a waiver of the tobacco surcharge based on your answer and you fail to notify the SHBP that you or a member of your enrolled family members begin using tobacco, this may be viewed as an intentional misrepresentation. **Intentional misrepresentation in response to the surcharge question or failure to notify SHBP of changes to your response to the surcharge question will have significant consequences. Active employees will lose State Health Benefit Plan coverage for 12 months beginning on the date that your false response or failure to notify is discovered. Retirees who intentionally misrepresent the response to the surcharge question or fail to notify SHBP of changes to their response will permanently lose their SHBP health insurance.**

**CONTINUE**

Instructions:

1. Select the appropriate answer to the Tobacco Surcharge Question (1).
2. Click the "CONTINUE" button to go to the next page.

Figure 31 - Tobacco Surcharge Screen

A message will display below the Tobacco Surcharge question, indicating if a Tobacco Surcharge will be added to the member's premium (*Figure 31a*).

- Click the **CONTINUE** button to move to the next screen

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

**CONTACT INFORMATION** **TIER SELECTION** **DEPENDENTS** **TOBACCO SURCHARGE**

### Tobacco Surcharge

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT)  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 01/01/2012

Please note that answers to surcharge questions are subject to audit. Please refer to the "Terms & Conditions" for consequences of providing false or fraudulent statements.

1. Have you or any of your covered dependents used any tobacco products in the previous 12 months? ☐ Yes ☒ No

A monthly Tobacco Surcharge will NOT be added to your premium.

**CONTINUE**

**Instructions:**

1. Select the appropriate answer to the Tobacco Surcharge Question (s).
2. Click the "CONTINUE" button to go to the next page.

*Figure 31a - Tobacco Surcharge Screen*

## Option Selection

The **Options Selection screen** will display with associated cost for each option, including surcharge if applicable (*Figure 32*). The displayed *Monthly Premiums are not current cost*.

The screenshot shows the 'Option Selection' screen. On the left is a sidebar with links: 'Open Enrollment', 'Modify Login', 'Print Confirmation', and 'Logout'. The main content area has a header with icons for 'Open Enrollment', 'My Profile', 'My Account', 'My Plan', 'My Network', and 'My Tools'. Below the header, the title 'Option Selection' is followed by employee details: 'Name: VALUED EMPLOYEE', 'Payroll Location: 14030 (SUPREME COURT)', 'Policy Number: \*\*\*\*\*4444', and 'Coverage Effective Date: 01/01/2012'. A note states: 'HMO option is not available unless previously covered under SHBP during current year. Rates reflect addition of a Spousal Surcharge'. Below this is a table of options with two columns: 'Options' and 'Monthly Premium'. The table lists two categories: 'CIGNA' and 'UnitedHealthcare', each with six radio button options: 'Wellness HRA', 'Standard HRA', 'Wellness HDHP', 'Standard HDHP', 'Wellness HMO', and 'Standard HMO'. To the right of the table is an 'Instructions' section with three numbered steps: 1. Review the acronyms at the bottom of the page to ensure that you select the correct Plan Type. 2. Select the appropriate Option in which you wish to enroll. 3. Click the "CONTINUE" button to go to the next page.

Options	Monthly Premium
<b>CIGNA</b>	
<input type="radio"/> Wellness HRA	\$ 303.86
<input type="radio"/> Standard HRA	\$ 317.54
<input type="radio"/> Wellness HDHP	\$ 284.48
<input type="radio"/> Standard HDHP	\$ 297.14
<input type="radio"/> Wellness HMO	\$ 366.86
<input type="radio"/> Standard HMO	\$ 383.96
<b>UnitedHealthcare</b>	
<input type="radio"/> Wellness HRA	\$ 303.86
<input type="radio"/> Standard HRA	\$ 317.54
<input type="radio"/> Wellness HDHP	\$ 284.48
<input type="radio"/> Standard HDHP	\$ 297.14
<input type="radio"/> Wellness HMO	\$ 366.86
<input type="radio"/> Standard HMO	\$ 383.96

Figure 32 - Option Selection Screen

- Review the acronyms at the bottom of the page to ensure that you select the correct Plan Type (*Figure 32a*)

### ACRONYMS:

HRA:Health Reimbursement Arrangement  
HDHP:High Deductible Health Plan  
HMO:Health Maintenance Organization

Figure 32a - Option Selection Screen

- **Select** the appropriate **Option** in which the member wishes to enroll (*Figure 33*); Wellness Options will not display for employees who selected a Wellness Option for the previous plan year but did not keep the Wellness Promise

Open Enrollment  
Modify Login  
Print Confirmation  
Logout

Option Selection

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT)  
Policy Number: \*\*\*\*\*4444  
Coverage Effective Date: 01/01/2012

HMO option is not available unless previously covered under SHBP during current year. Rates reflect addition of a Spousal Surcharge

Options	Monthly Premium
<b>CIGNA</b>	
<input type="radio"/> Wellness HRA	\$ 303.86
<input type="radio"/> Standard HRA	\$ 317.34
<input type="radio"/> Wellness HDHP	\$ 284.48
<input type="radio"/> Standard HDHP	\$ 297.14
<input type="radio"/> Wellness HMO	\$ 366.86
<input type="radio"/> Standard HMO	\$ 383.96
<b>UnitedHealthcare</b>	
<input type="radio"/> Wellness HRA	\$ 303.86
<input type="radio"/> Standard HRA	\$ 317.34
<input type="radio"/> Wellness HDHP	\$ 284.48
<input type="radio"/> Standard HDHP	\$ 297.14
<input type="radio"/> Wellness HMO	\$ 366.86
<input type="radio"/> Standard HMO	\$ 383.96

Instructions:

1. Review the acronym(s) at the bottom of the page to ensure that you select the correct Plan Type.
2. Select the appropriate option in which you wish to enroll.
3. Click the "CONTINUE" button to go to the next page.

Figure 33 - Option Selection Screen

- Click the **CONTINUE** button (*Figure 33a*)

HMO Health Maintenance Organization

**CONTINUE**

Figure 33a - Option Selection Screen

**Note:**

***If a Wellness Plan Option was selected for the prior plan year and the Wellness Promise was not honored, Wellness Plan Options will not be offered as an Option.***



- If Wellness Options are selected for HRA, HMO or HDHP, the HRA, HMO or HDHP Wellness Promise pop-up window will display (*Figure 33b*); review and **Click** the **OK** button

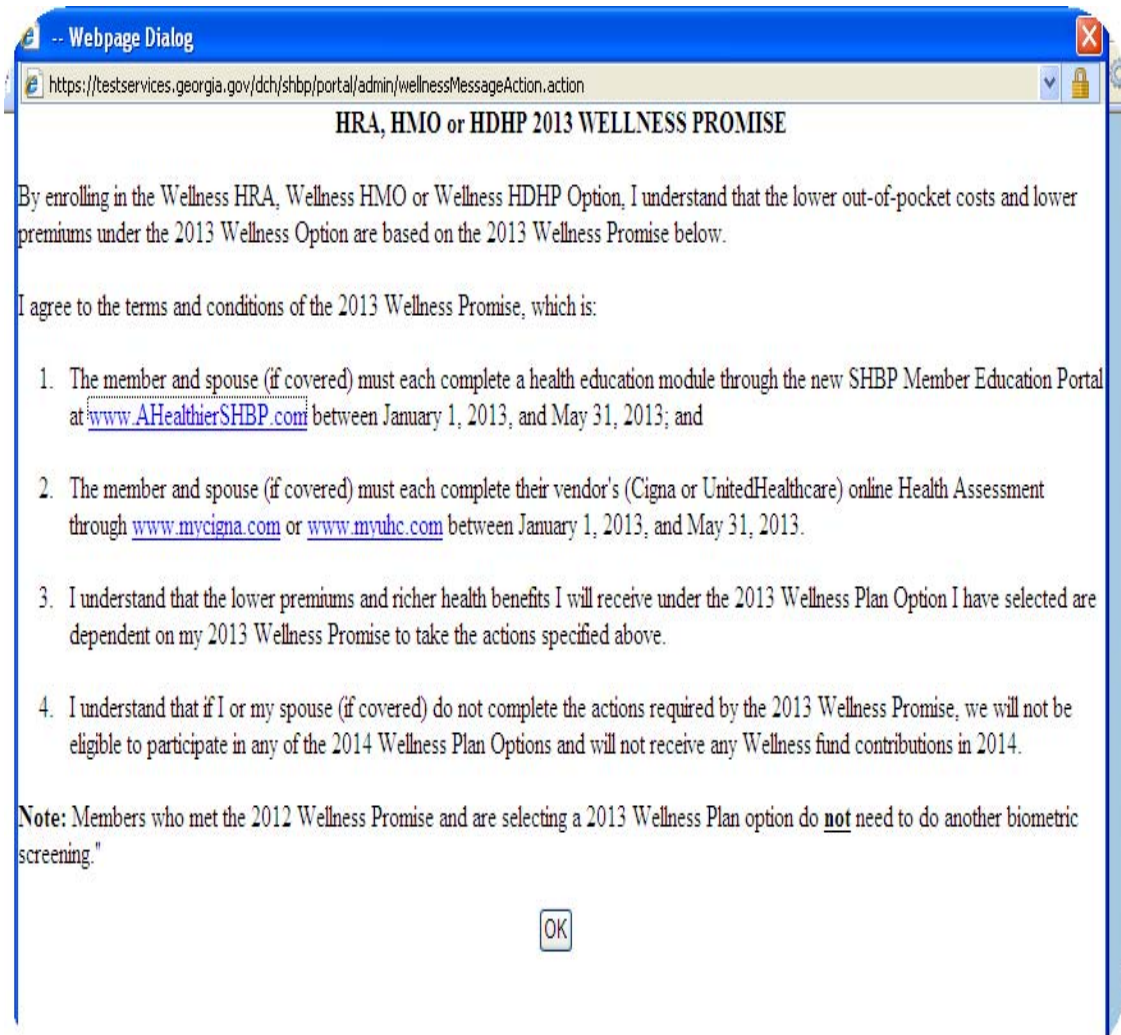


Figure 33b - HRA, HMO or HDHP Wellness Promise Screen






## Considerations Before Confirming My Selections

The **Considerations Before Confirming My Selections** screen will display (Figure 34).

- Review the Considerations
- Click the **CONTINUE** button

Please do not use your browser's BACK button.

[Open Enrollment](#)  
[Modify Login](#)  
[Print Confirmation](#)  
[Logout](#)



### CONSIDERATIONS BEFORE CONFIRMING MY SELECTIONS

- Your agreement to the Terms and Conditions at the beginning of the benefit selection process certifies that you understand your responsibilities and are making an informed decision for your health benefit coverage for Plan Year 2013.
- You may go online as many times as you like but the last election confirmed at the close of the Open Enrollment (OE)/Retiree Option Change Period (ROCP) at 4:30 p.m. EST on November 9, 2012 will be your election for the 2013 Plan Year.
- Once OE/ROCP is closed, the OE/ROCP website, [www.myshbp.ga.gov](http://www.myshbp.ga.gov) will remain open for a few weeks for you to view your election.
- It is your responsibility to review your last confirmation to assure that your benefit selection, answer to the tobacco question and dependent information is correct.
- If you find you made an error during OE/ROCP, you must submit an appeal by completing an Administrative Review form and attaching supporting documentation. SHBP must receive the Administrative Review form by January 31, 2013 for your appeal to be considered. All appeals for any error made during the OE/ROCP that are received after this date will be denied. The Administrative Review form is available at [www.dch.georgia.gov/shbp-forms](http://www.dch.georgia.gov/shbp-forms) under Eligibility forms. To expedite, fax appeal and supporting documentation to a secure fax, 1-866-828-4796 Attn: Appeals Unit.

[CONTINUE](#)

### Instructions:

1. Review the Considerations.
2. Click the "CONTINUE" button to go to the next page.

Figure 34 - Considerations Before Confirming My Selections Screen

## Verify Selections

The **Verify Selections** screen will display (Figure 35).

- Review all of your information and health coverage selections
- To edit your information and/or health selection(s), **select the appropriate tab on the top navigation bar**
- Make any necessary changes to the selected health or coverage information; **then navigate back to the Verify Selections screen**

The screenshot displays the 'Verify Selections' screen. On the left is a vertical navigation bar with links: Enrollment, Modify Login, Print Confirmation, and Logout. At the top, a horizontal navigation bar contains tabs: PERSONAL INFORMATION, PLAN SELECTION, DEPENDENT, SURCHARGE, SPOUSAL SURCHARGE, OPTION SELECTION, MEDICAL SUBSIDIZATION, and VERIFY SELECTIONS (which is highlighted). The main content area is titled 'Verify Selections' and contains the following information:

Policy Number:	*****4444
Name:	VALUED EMPLOYEE
Payroll Location:	14030 (SUPREME COURT )
Coverage Effective Date:	01/01/2012
Coverage Tier:	You + Family
Coverage Option:	CIGNA Wellness HDHP
Surcharges:	
Monthly Premium:	\$284.48 The rate quoted is the rate charged to your employer for your portion of the health benefit coverage (and any applicable surcharge(s)). If your employer subsidizes this premium, the amount deducted from your pay may be different.
Biometrics Pledge:	Yes
Address:	820 STATE STREET
City:	ATLANTA
State:	GA

On the right side of the screen, there are four numbered instructions:

1. Review all of your information and health coverage selections.
2. To edit your information and health selection(s), select the appropriate tab on the top of the page.
3. Make any necessary changes; then navigate to the Verify Selections page.
4. After you have verified your selections, click the "CONFIRM" button to receive your Confirmation Number. You must receive this number to finalize your information and health coverage selections.

Figure 35 - Verify Selections Screen

- After you have verified your selections, **click** the **CONFIRM** button (located at the bottom of the screen) (*Figure 35a*)

should be submitted to: SHBP, PO Box 1990, Atlanta, GA 30301-1990. Please include Employee's Name and Social Security Number on each piece of documentation.

**Tobacco Surcharge**

Have you or any of your covered dependents used tobacco products in the last 60 days?

Yes

**CONFIRM**

*Figure 35a - Verify Selections Screen/ Confirm Button*

## Confirmation

The **Confirmation** screen will display (Figure 36).

The screenshot displays the 'Confirmation' screen. On the left is a navigation bar with links: 'Open Enrollment', 'Modify Login', 'Print Confirmation', and 'Logout'. The main content area is titled 'Confirmation' and contains a message: 'Below are your SHBP coverage selections effective Jan 1, 2012 .'. Below this is a table of enrollment details. To the right of the table is a section titled 'Instructions' with three numbered steps. The table contains the following information:

Policy Number:	****4444
Name:	VALUED EMPLOYEE
Payroll Location:	14030 (SUPREME COURT )
Coverage Effective Date:	1/1/12
Coverage Tier:	You + Family
Coverage Option:	CIGNA Wellness HDHP
Surcharges:	
Monthly Premium:	\$284.48 The rate quoted is the rate charged to your employer for your portion of the health benefit coverage (and any applicable surcharge(s)). If your employer subsidizes this premium, the amount deducted from your pay may be different.
Confirmation Number:	20111003115534058
Biometrics Pledge:	Yes
Address:	820 STATE STREET
City:	ATLANTA
State:	GA
Zip Code:	30303
Phone Number:	6785551234
Email:	vemployee@yahoo.com
Date of Birth:	3/19/83
Sex:	Female
Ethnicity:	Asian

The 'Instructions' section on the right contains the following text:

1. The Confirmation Page is your enrollment verification document. Your confirmation number is located in the Confirmation Number field on this page.
2. Please print this Confirmation page (using your browser's printer button) and save it for your records; or you may open a printer friendly Confirmation page by clicking the "PRINTER FRIENDLY" button to go to the next page.
3. To logout of this session, select the "Logout" tab on the left navigation bar.

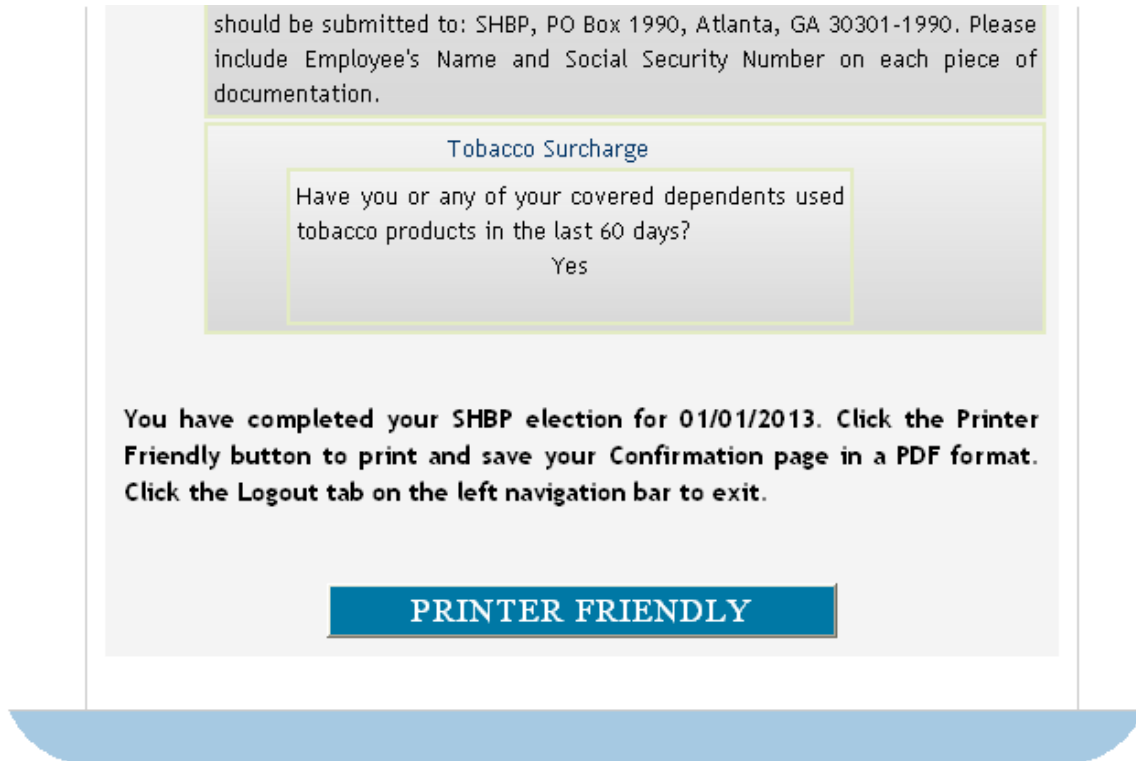
Figure 36 - Confirmation Screen

**Note:**

**The Confirmation Page located on this screen is your enrollment verification document. Your confirmation number is located in the Confirmation Number field on this page. You must receive this Confirmation Number to finalize your information and health coverage selections.**

Please print this Confirmation Page (using your browser's printer button) and save it for your records; or you may open a **Printer Friendly Confirmation** page.

- **Click the PRINTER FRIENDLY button** (*Figure 36a*) located at the bottom of the Confirmation Page

The image shows a confirmation screen for an SHBP election. At the top, a grey box contains text about submitting documentation to SHBP. Below this, a section titled 'Tobacco Surcharge' asks if the user or their dependents used tobacco products in the last 60 days, with a 'Yes' option. Further down, a message states that the election for 01/01/2013 is complete and provides instructions on how to print the confirmation page in PDF format or log out. At the bottom, there is a large blue button labeled 'PRINTER FRIENDLY'.

should be submitted to: SHBP, PO Box 1990, Atlanta, GA 30301-1990. Please include Employee's Name and Social Security Number on each piece of documentation.

**Tobacco Surcharge**

Have you or any of your covered dependents used tobacco products in the last 60 days?

Yes

You have completed your SHBP election for 01/01/2013. Click the Printer Friendly button to print and save your Confirmation page in a PDF format. Click the Logout tab on the left navigation bar to exit.

**PRINTER FRIENDLY**

*Figure 36a - Confirmation Screen*

The **Print Confirmation (Printer Friendly)** screen will display (Figure 37).

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

Open Enrollment  
Modify Login  
**Print Confirmation**  
Logout

### Print Confirmation

Name: VALUED EMPLOYEE  
Payroll Location: 14030 (SUPREME COURT )  
Policy Number: \*\*\*\*\*4444  
Coverage Effective Date: 1/1/12

Confirmation Date	Confirmation Number	
09/27/2011	20110927124742679	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

### Instructions

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Figure 37 - Print Confirmation Screen

Your confirmed selections are listed on this page. ***Your most recent confirmation is on the top line and is the coverage you will have for the plan year.***

- Review your pre-populated information to assure it is accurate
- **Click the OPEN PDF link on the Confirmation File Line you want to open in a PDF Format (Figure 37)**

The selected **Confirmation in a PDF Format** will display (Figure 37a).

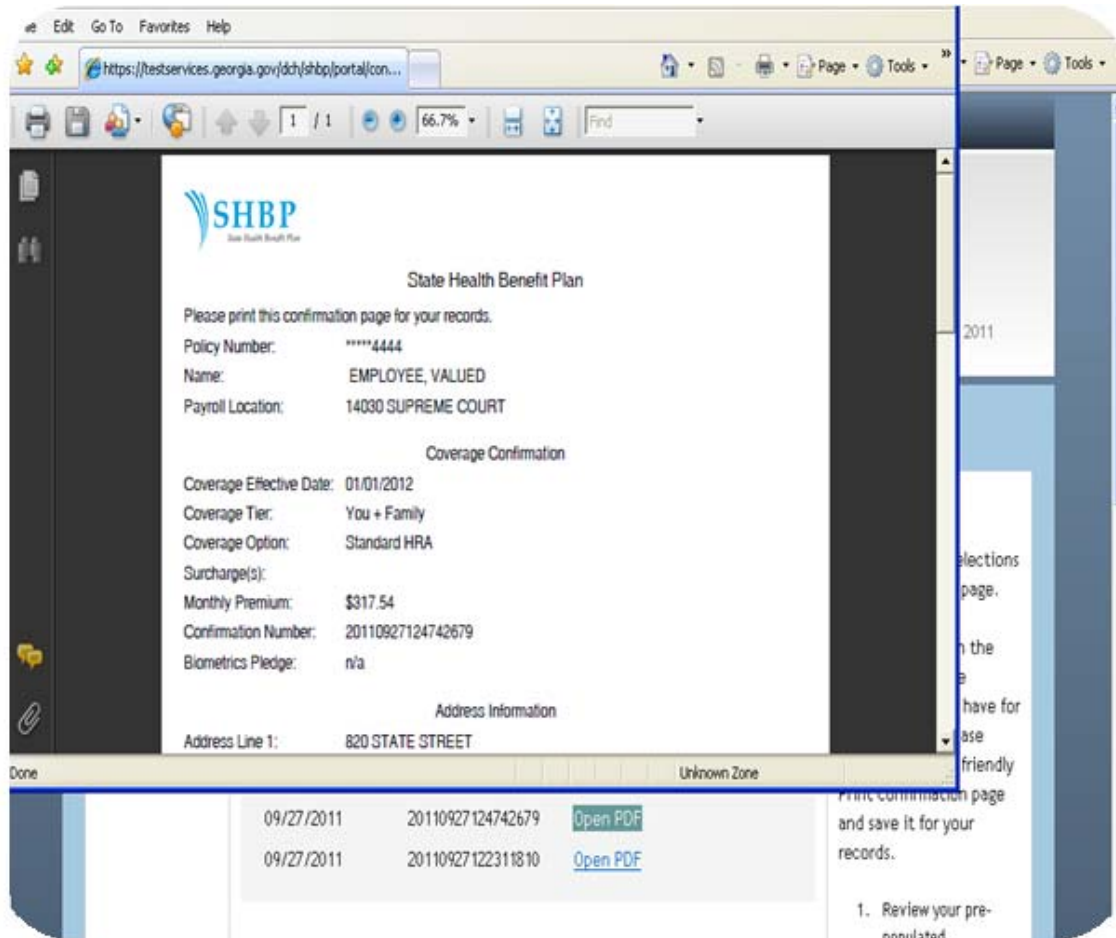


Figure 37a - PDF Formatted Confirmation Screen

- **Save and Print the Confirmation** in a PDF Format. All information shown on the Confirmation Page is included in the PDF file
- **Close the OPEN PDF** link

The **Print Confirmation** screen will redisplay (*Figure 37b*).

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State Health Benefit Plan

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Please do not use your browser's "BACK" button.

**Print Confirmation**

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 1/1/12

Confirmation Date	Confirmation Number	
09/27/2011	20110927124742679	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

**Instructions**

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

*Figure 37b - Print Confirmation Screen*

You have completed your mySHBP Web Portal Open Enrollment. You may select another Open PDF link or another tab from the left navigation bar. You may also logout of the session by selecting the Logout Tab on the left navigation bar, the mySHBP Web Portal Welcome Page will redisplay.



## MODIFY LOGIN

The **Modify Login tab** is located on the left navigation bar of the **Public Home Page screen** (Figure 38) and may be used to change password and security question/answer. Follow the below directions to complete the Modify Login function:

- Click the **Modify Login tab** on the left navigation bar (Figure 38)



Figure 38 - Modify Login Tab

The **Modify Login Information** screen will display (Figure 39).

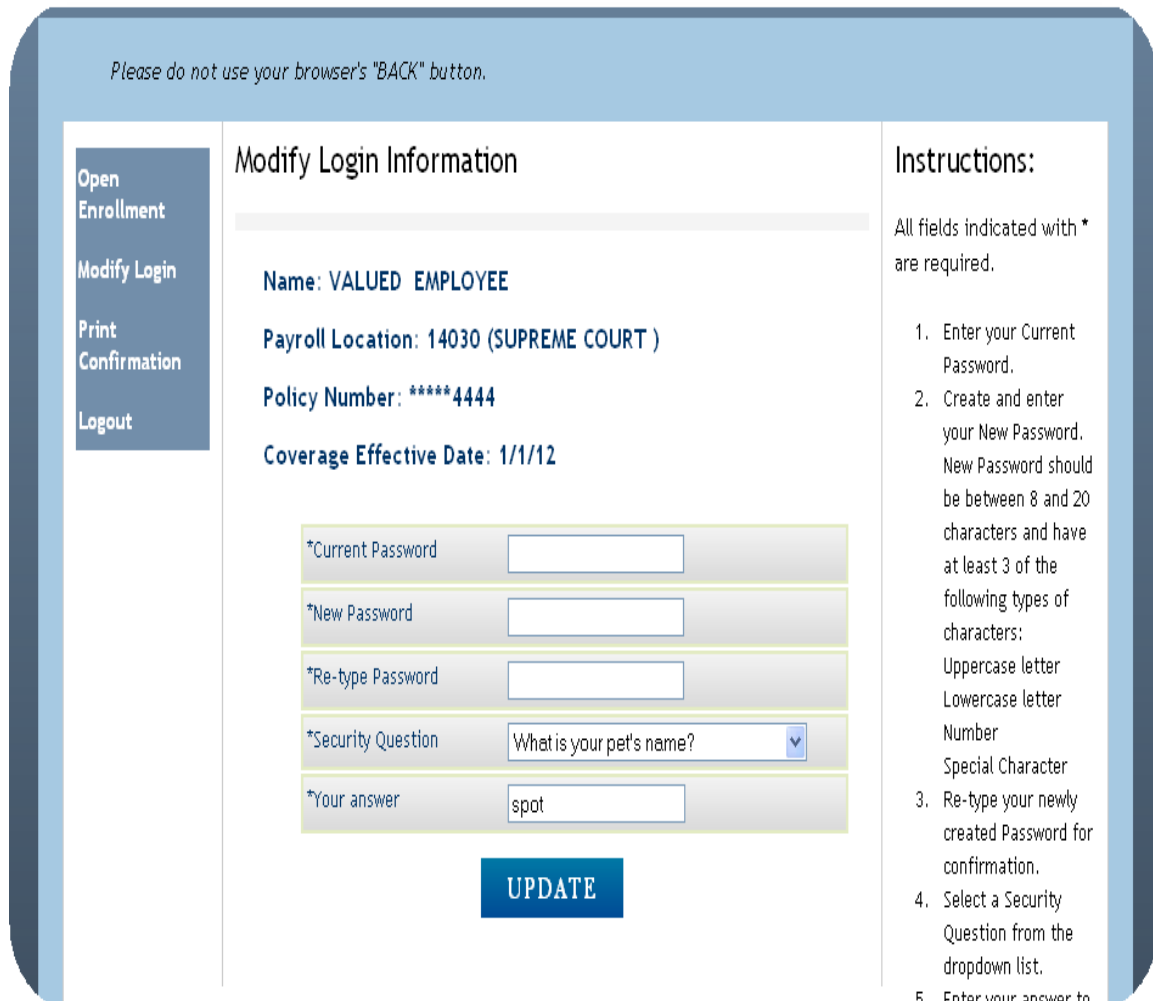


Figure 39 - Modify Login Information Screen

- Review your pre-populated information to assure it is accurate
- **Enter your Current Password** (case-sensitive) (Figure 45)
- **Create and enter your New Password** (case-sensitive). New Password should be between 8 and 20 characters and have at least 3 of the following types of characters:
  - a. Uppercase Letter
  - b. Lowercase Letter
  - c. Number
  - d. Special Character (!, @, #, etc.)
- **Re-enter your newly created Password** (case-sensitive) for confirmation (Figure 45)

Your previously selected Security Question is pre-populated in the Security Question dropdown field (*Figure 40*). You may utilize the pre-populated Security Question or select a new Security Question from the dropdown list, as follows:

- **Select a Security Question** from the dropdown list

Your answer to the previously selected Security Question is pre-populated in the Your Answer field (*Figure 40*). If you did not change your pre-populated Security Question, you may utilize the pre-populated answer. If you selected a new Security Question, select a new answer as follows:

- **Enter your answer to the Security Question** (not case-sensitive).

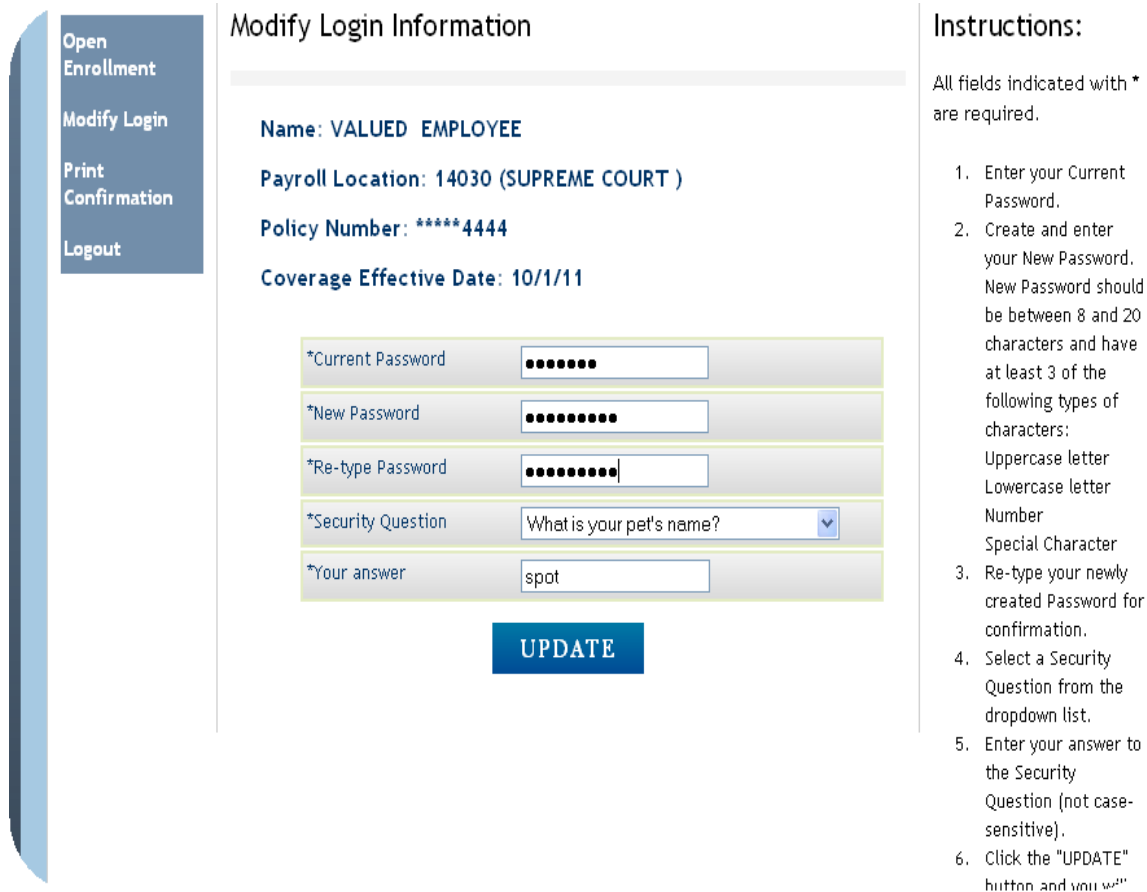
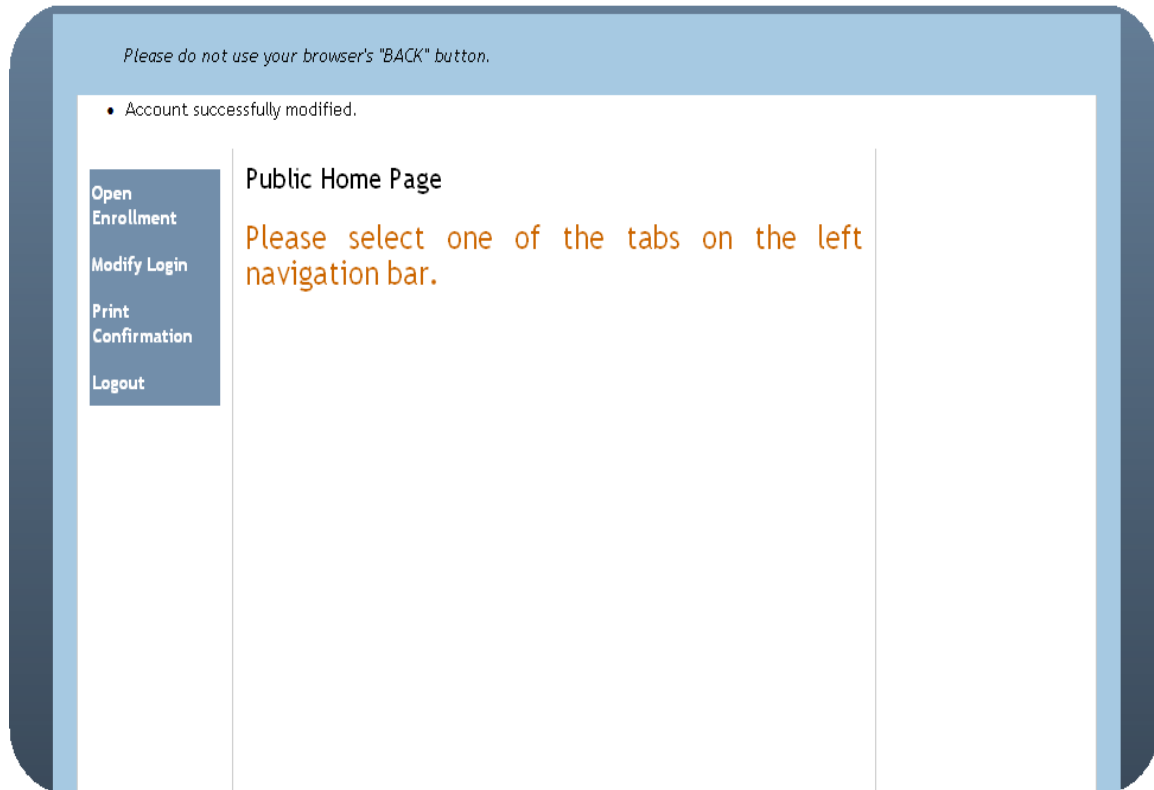


Figure 40 - Modify Login Information Screen

- **Click the UPDATE** button

The Public Home Page will redisplay (*Figure 41*) with a message indicating, 'Account successfully modified.'



*Figure 41 - Public Home Page Screen*

You may now select Logout on the left navigation bar and return to the SHBP Welcome Page to LOGIN with your new password.

## PRINT CONFIRMATION

The **Print Confirmation tab** is located on the left navigation bar of the **Public Home Page screen** (Figure 42) and may be used to print and save your Confirmation for your records. Follow the below directions to complete the Print Confirmation function:

- Click the **Print Confirmation tab** on the left navigation bar (Figure 42)



Figure 42 - Public Home Page Screen

The **Print Confirmation (Printer Friendly)** screen will display (Figure 43).

Your confirmed selections are listed on this page. ***Your most recent confirmation is on the top line and is the coverage you will have for the plan year*** (Figure 43).

- Review your pre-populated information to assure it is accurate
- **Click the OPEN PDF link** on the Confirmation file line you want to open in a PDF Format

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

**Print Confirmation**

**Name:** VALUED EMPLOYEE

**Payroll Location:** 14030 (SUPREME COURT )

**Policy Number:** \*\*\*\*\*4444

**Coverage Effective Date:** 1/1/12

Confirmation Date	Confirmation Number	
09/27/2011	20110927124742679	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

**Instructions**

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Figure 43 - Print Confirmation Screen

The selected **Confirmation in PDF Format** will display (Figure 43a).

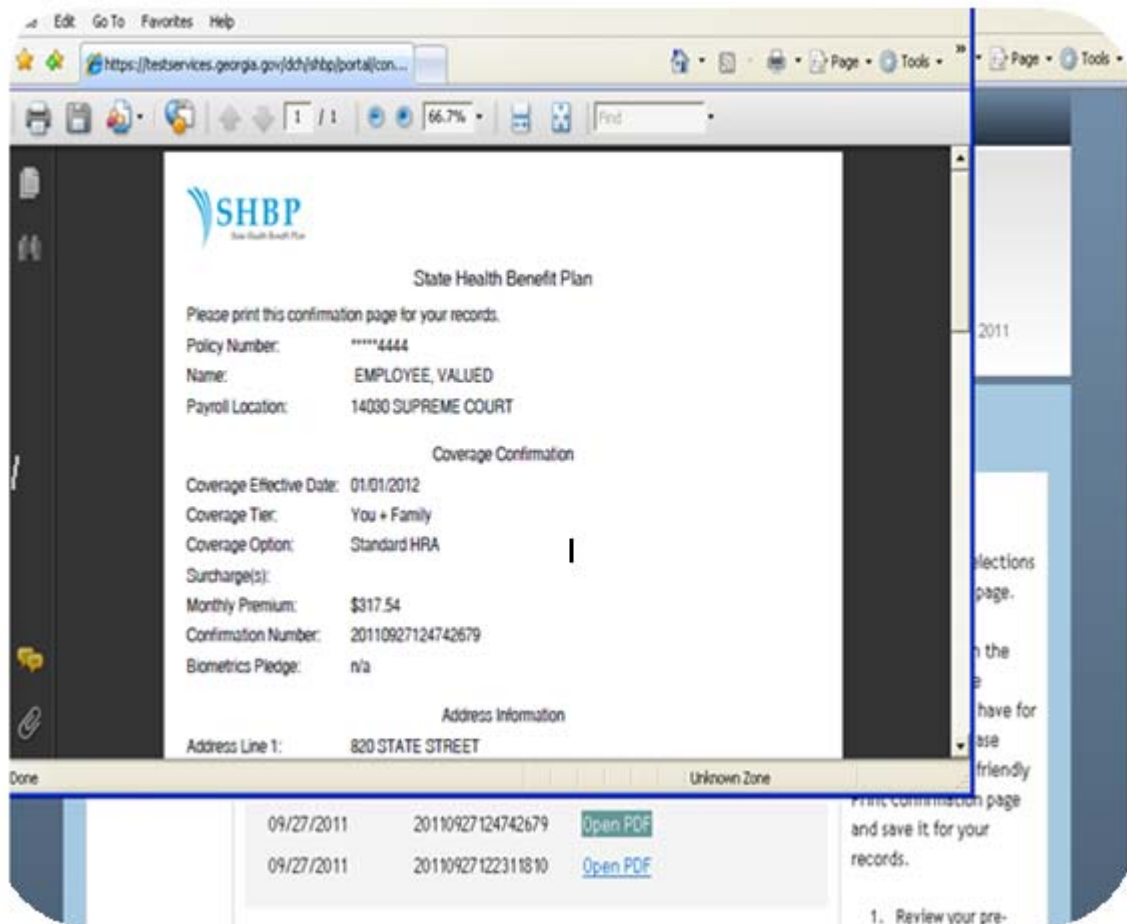


Figure 43a - PDF Formatted Confirmation Screen

- **Save and Print** the **Confirmation** in a PDF Format (using your browser buttons). All information shown on the Confirmation Page is included in the PDF file
- **Close** the **OPEN PDF** link

The **Print Confirmation** screen will redisplay (*Figure 43b*).

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

**Print Confirmation**

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 1/1/12

Confirmation Date	Confirmation Number	
09/27/2011	20110927124742679	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

**Instructions**

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

*Figure 43b - Print Confirmation Screen*

You may select another Open PDF link or another tab from the left navigation bar. You may also logout of the session by selecting the Logout Tab on the left navigation bar, the mySHBP Web Portal Welcome Page will redisplay.



## LOGOUT

The **Logout tab** is located on the left navigation bar and may be accessed from various screens throughout the Web Portal. Follow the below directions to complete the Logout function:

- Click the **Logout tab** on the left navigation bar (*Figure 44*)

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**SHBP**  
State Health Benefit Plan

Tuesday, September 27, 2011

Please do not use your browser's "BACK" button.

**Open Enrollment**  
**Modify Login**  
**Print Confirmation**  
**Logout**

### Print Confirmation

**Name:** VALUED EMPLOYEE  
**Payroll Location:** 14030 (SUPREME COURT )  
**Policy Number:** \*\*\*\*\*4444  
**Coverage Effective Date:** 1/1/12

Confirmation Date	Confirmation Number	
09/27/2011	20110927124742679	<a href="#">Open PDF</a>
09/27/2011	20110927122311810	<a href="#">Open PDF</a>

### Instructions

Your confirmed selections are listed on this page. Your most recent confirmation is on the top line and is the coverage you will have for the plan year. Please print this printer friendly Print Confirmation page and save it for your records.

1. Review your pre-populated

Figure 44 - Left Navigation Bar

The **mySHBP Web Portal Welcome Page** will redisplay (Figure 45).



Figure 45 - mySHBP Web Portal Welcome Page

**The Logout is now complete.**